

Sleep Apnea and Snoring: Are They From Impaired Oral Function?

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Snoring comes from limited airflow, causing impaired breathing. While most people do not associate dentistry with impaired breathing, this article will demonstrate that dentistry plays an important, if not primary, role in the treatment of chronic snoring and sleep apnea.

In 1997, the American Dental Association (ADA) defined dentistry as, “the evaluation, diagnosis, prevention and/or treatment of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent/associated structures and their impact on the human body.”

As an expression of holistic health, dentistry focuses on the interconnections in the body – the long and short-term chain reactions and their impacts with the goal of discovering and addressing the “root” cause as well as immediate concerns, maladies and malfunction. Prevention, focusing on the root cause, is the priority.

While many believe breathing is our body’s highest priority for survival, it is not. Instead, it is keeping our throat opened to allow air to reach the lungs. This is clearly noted in the A-B-Cs (airway, breathing and circulation) of CPR.

Our jaw-tongue-throat relationship, an oral function, controls airflow and, therefore, breathing. Our tongue, fully or partially blocking the throat impairs breathing. This is referred to as an obstructive apnea event, while asleep or awake.

Essentially our body has a survival mechanism, the autonomic nervous system (ANS), to adapt itself instinctively to compensate for difficult breathing. A signal that we are choking, or may choke, tells our body to do whatever it has to, to keep the airway open.

As I have expressed in prior articles, Oral Systemic Balance (OSB), the work of Farrand C. Robson, DDS, focuses on improving oral function, and that of our tongue, for greater ease of speaking, swallowing and breathing, to enhance balance and the body’s need to constantly work so hard to stay alive.

OSB observations show three adaptive body systems, or rather “survival compensations”, for a partially or fully blocked throat:

- Increased state of “fight or flight” as in an adrenaline re-sponse
- Postural changes often characterized by forward head posture
- Clenching and grinding of the teeth (this leads to most TMJ symptoms)

In prior Your Health Magazine articles (available on their website), I provide tools for you to test these chronic and physically impactful adaptive responses.

Retrospectively, looking through the chain of our body’s various reactions and adaptations, we can find the root cause and source, where intervention has the greatest

impact. OSB considers the airway, as well as the mouth and jaw relationship to the tongue (which controls airflow through the airway).

Is this not an “oral function?” And, according to the ADA, is that not what dentistry is all about?